REWARD AND RECOGNITION RECOMMENDATION

PLEASE REFER TO THE 2006 GUIDELINES

Before beginning, please indicate yes or no to the following questions and statement: Is the employee eligible for this award?						
Employee Information				* All Fields Are Required		
Employee Name (Last, First, Middle Initial)				Employee ID		
Work Location						
Department			Job Title*			
Compensation Information						
Pay Frequency			Net Award Amount in \$25 Increments*	(minimum \$1	100, maximum \$750)	
Weekly (Non-Exempt)						
Monthly (Exempt)						
Justification for the Reward Recommendation*						
 All 5 Steps Must be Completed in the Space Below: Indicate the # 1-8 from the Criteria Description above Include the date of the event/achievement (must be in the year of current year's program) Describe the event/achievement that led to the award (1 award per event/achievement) Describe how or what the employee needed to do to meet the criteria. Describe how the employee went beyond the normal job expectation or normal daily duties and responsibilities 						
	estor (Please Print) & ID#	Ext.	Approving Mgr. Signature & II		Date	
Requestor Signature Date Division/Section Head Signature & ID# Payroll - please call the following Administrator for pick up: Division/Section Reward & Recognition Fund Administrator Phone #					Date	

cc: Compensation Group, MS 124, (employee's file) Division or Section Head